

A Microfluidic Pancreas-on-a-Chip Platform

Molecular and Functional Assessment of Gemcitabine–5FU Combination Therapy

Ghazaleh Madani, Omid Nejati, Zhina Mazhari
CanChip GmbH



The Challenge in Pancreas Cancer Drug Development

Pancreatic ductal adenocarcinoma (PDAC) is among the most lethal cancers. While **gemcitabine** remains a frontline therapy, most tumors display intrinsic resistance. Combination therapies, particularly with 5-fluorouracil (5-FU), are explored to overcome these limitations by targeting complementary molecular pathways.

Conventional preclinical models fall short:

- **2D cultures** lack tumor–stroma and vascular interactions
- **Animal models** poorly predict human drug response
- **Static assays** miss dynamic exposure and biomarker output

Our Solution: Pancreas cancer-on-a-Chip

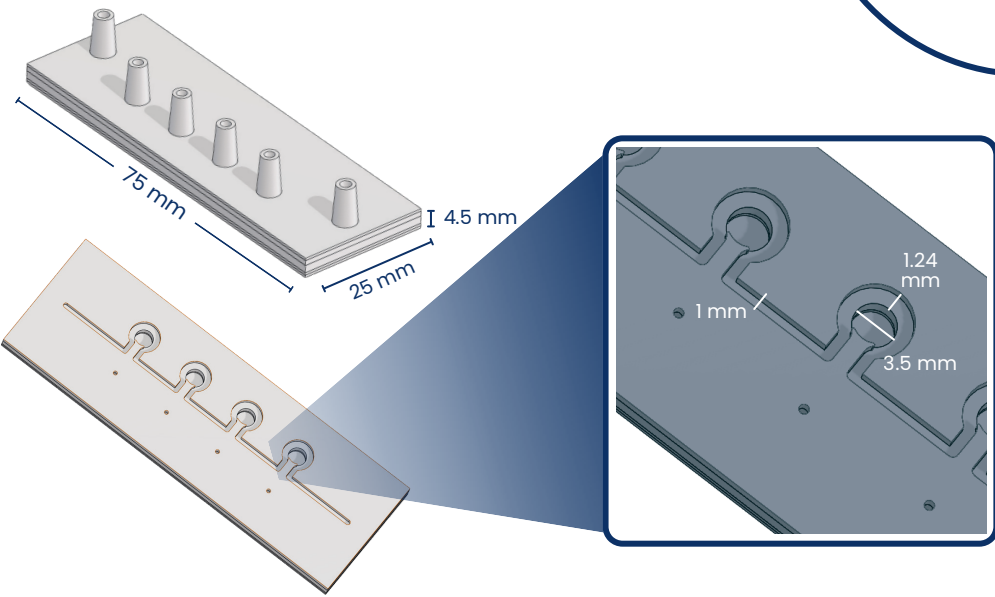
CanChip developed a 3D microfluidic cancer-on-a-chip model using **BxPC-3 pancreatic ductal adenocarcinoma cells**, a clinically relevant **gemcitabine-resistant PDAC model**.

Cultured under continuous perfusion, the system enables predictive evaluation of gemcitabine-based and combination therapies under physiologically relevant conditions.

- Maintains clinically relevant resistance phenotypes
- Provides physiological, flow-based drug exposure
- Enables quantitative molecular and functional analysis
- Ensures reproducibility via ISO 9001-aligned workflows

Chip Design

Chip Size: 75mm×25mm×4.5 mm



Experimental Design

Phase II: Combination Therapy with 5-FU and Gemcitabine

BxPC-3 cells were reseeded onto the microfluidic chip and divided into 3 groups, treated with Gemcitabine (50 and 100 µM) combines with 5-FU (50 µM)

Results

TYMS gene expression analysis

- Dose-dependent TYMS suppression with 5-FU + gemcitabine
- TYMS reduced to ~0.6-fold (50/50) and ~0.4-fold (50/100)
- The effect was highly reproducible across experiments
- Indicates sensitization of gemcitabine-resistant BxPC-3 cells

Positive Control Validation

- High-dose 5-FU + gemcitabine used as positive controls
- TYMS expression reduced to ~0.1–0.2-fold
- Confirms platform sensitivity and responsiveness
- Validates combination therapy efficacy at higher doses

CA19-9 Secretion Analysis

CA19-9 secretion quantified by ELISA after 24-hour treatment

- Assay showed high linearity ($R^2 = 0.99$)
- CA19-9 normalized for flow (10 mL total volume)
- Total CA19-9 output reduced from 516 IU (control) to 140 IU (50/50) and 113 IU (50/100)
- Confirms functional response consistent with molecular inhibition

Phase I: Gemcitabine Monotherapy

BxPC-3 cells were reseeded onto the microfluidic chip and divided into 3 groups, treated with Gemcitabine (25 and 100 µM)

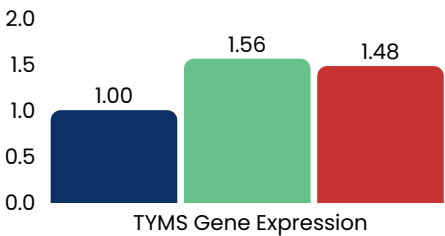
Gene Expression Analysis

- Analyzed the BAX/BCL-2 apoptosis ratio
- Measured CDKN1A, TOP2A, and TYMS expression levels

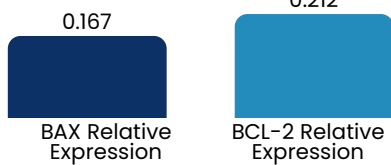
Results

- CDKN1A, TOP2A, and TYMS remained unchanged
- BCL-2 upregulation outweighed a modest BAX increase
- BAX/BCL-2 ratio decreased, an anti-apoptotic shift
- Confirms intrinsic gemcitabine resistance in BxPC-3 cells

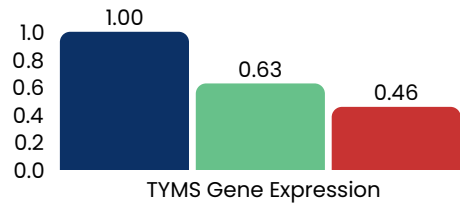
- BxPC3 (Control/Untreated)
- BxPC3 Treated With 25 µM Gemcitabine
- BxPC3 Treated With 100 µM Gemcitabine



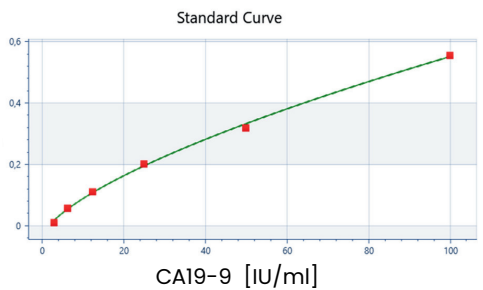
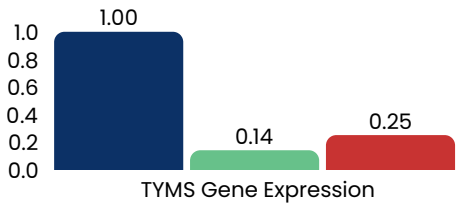
BAX/BCL-2 Expression Ratio = 0.79
Anti-apoptotic signaling dominates



- BxPC3 (Control/Untreated)
- BxPC3 Treated With 50 µM Gemcitabine + 50 µM 5-FU
- BxPC3 Treated With 100 µM Gemcitabine + 50 µM 5-FU



- BxPC3 (Control/Untreated)
- BxPC3 Treated With 50 µM Gemcitabine + 100 µM 5-FU
- BxPC3 Treated With 100 µM Gemcitabine + 100 µM 5-FU



- BxPC3 (Control/Untreated)
- BxPC3 Treated With 50 µM Gemcitabine + 50 µM 5-FU
- BxPC3 Treated With 100 µM Gemcitabine + 50 µM 5-FU

